

**Region IV**  
**Mental Health Services**

Charlie Spearman, Sr.  
Executive Director

**Administrative Services**  
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**DeSoto County**  
Adult Services  
2705 Highway 51 S.  
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Hemando, MS 38632  
(662) 449-1971  
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DATE: 8-25-21

TO: Chancery Court  
Fax: (662) 429-8308

FROM: Catherine Davis  
Region IV Mental Health Services

RE: Laura Hendrix (Cause # 21-W-1645)

A WRIT is needed on Laura due to:  
her repeated alcohol use which makes  
her a danger self and others  
He/She should be taken to DeSoto County Jail to be held during the  
commitment process.

Sincerely,

Cat Davis  
Region IV Mental Health Services

**FILED**  
**AUG 25 2021**  
MISTY HEFFNER CLERK

IN THE CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI  
THIRD JUDICIAL DISTRICT

IN RE: LAURA HENDRIX

CAUSE NO. 21-CV-1645

UNIFORM ALCOHOL & DRUG COMMITMENT AFFIDAVIT UNDER MCA §41-32-3

COMES NOW Phyllis Buchanan, relative and/or interested person, residing at [REDACTED]  
[REDACTED] telephone number [REDACTED], duly sworn and deposed, says  
the following to be true and correct to the best of my knowledge and belief:

LAURA HENDRIX is a person, I allege to be an alcoholic or drug addict, is a resident of  
this State, and because of his/her alcoholism or drug addiction:

- X Is incapable of or unfit to look after and conduct his/her affairs; OR
- X Is dangerous to him/herself or others; OR
- X Has lost the power of self-control because of periodic, constant or frequent use of  
alcoholic beverages or habit-forming drugs; AND

That he/she is in need of care and treatment and this his/her detention, care and treatment  
at an institution will improve his/her health. Their nearest relative, if known, Phyllis Buchanan,  
who resides at [REDACTED] telephone number [REDACTED]

Factual descriptions of recent behaviors, witnesses, and where and when it occurred, if  
known: RESPONDENT HAS A HISTORY OF DRUG/ALCOHOL ABUSE FOR THE PAST  
SEVERAL YEARS; RESPONDENT'S DRUG/ALCOHOL ABUSE CAUSES EXTREME  
MOOD SWINGS; RESPONDENT IS CURRENTLY AT BAPTIST DESOTO DUE TO  
MEDICAL ISSUES RELATING TO ACUTE ALCOHOL INTOXICATION (BLOOD  
ALCOHOL LEVEL 175); RESPONDENT PRESENTED AT THE ER - CONFUSED AND  
PARANOID; TELE-PSYCHIC DOCTORS RECOMMENDED INPATIENT TREATMENT;  
RESPONDENT IS PARANOID THAT PEOPLE ARE GETTING INTO HER PHONE AND  
SENDING MESSAGES AND MAKING CALLS; GETTING INTO HER BANK ACCOUNT  
AND TAKING HER MONEY; IN THE PAST HAS TALKED ABOUT DRONES  
FOLLOWING HER AROUND; RESPONDENT IS EASILY ANGERED AND EXTREMELY  
BELLIGERENT EVEN WHEN SHE ISN'T INTOXICATED; AFFIANT BELIEVES  
RESPONDENT IS DIAGNOSED WITH DEPRESSION AND HAS BEEN PRESCRIBED

FILED

AUG 25 2021

EXHIBIT B

MISTY HEFFNER CLERK



ANTI-DEPRESSANTS; AFFIANT BELIEVES THAT RESPONDENT DOES NOT TAKE HER ANTI-DEPRESSANT MEDICATION AS PRESCRIBED; RESPONDENT IS SELF-MEDICATING WITH DRUGS/ALCOHOL; RESPONDENT ISOLATES HERSELF FROM FAMILY AND FRIENDS; SLEEP DISTURBANCES - NOT SLEEPING REGULARLY; DECREASE IN PERSONAL HYGIENE; RESPONDENT IS UNEMPLOYED AND IS UNABLE TO KEEP A JOB; RESPONDENT CANNOT MANAGE HER LIFE - NOT PAYING BILLS; DOES NOT PROVIDE MONETARY SUPPORT FOR HER TWO MINOR CHILDREN; RESPONDENT BLAMES EVERYONE ELSE FOR HER PROBLEMS; AFFIANT HAS PROVIDED A HOME FOR RESPONDENT AND HER CHILDREN FOR THE PAST 15 YEARS; RESPONDENT HAS TWO MINOR CHILDREN WHICH SHE IS UNABLE TO PROPERLY CARE FOR DUE TO HER DRUG/ALCOHOL ABUSE AND OTHER MEDICAL/MENTAL HEALTH CONDITIONS; RESPONDENT'S TWO MINOR CHILDREN ARE CARED FOR BY THEIR GRANDFATHER; RESPONDENT IS DELUSIONAL AND HAS CALLED POLICE ON HER FATHER SEVERAL TIMES CLAIMING HE HAS PHYSICALLY ASSAULTED HER WHICH IS UNTRUE; AFFIANT BELIEVES RESPONDENT HAS RECEIVED OUTPATIENT SERVICES THROUGH REGION IV AND POSSIBLY INPATIENT SERVICES AT PARKWOOD; RESPONDENT HAS POOR INSIGHT AND JUDGEMENT CONCERNING HER DRUG/ALCOHOL ABUSE; RESPONDENT HAS LOST THE POWER AND SELF-CONTROL WITH REGARDS TO DRUGS/ALCOHOL; RESPONDENT IS CURRENTLY A POTENTIAL DANGER TO HERSELF AND OTHERS AND IS IN IMMEDIATE NEED OF INPATIENT TREATMENT.

SWORN TO AND SIGNED BY MY HAND this the 25<sup>th</sup> day of August, 2021.

Phyllis Buchanan  
AFFIANT (relative and/or interested person)

SWORN TO AND SUBSCRIBED BEFORE ME this the 25<sup>th</sup> day of August, 2021.



Lisa Denise Johnson  
NOTARY PUBLIC

## PATIENT INFORMATION

Patient Name: LAURA R. HENDRIX Social Security Number: \_\_\_\_\_

First Middle Maiden Last

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F

County of Residence: Desoto County of Commitment: Desoto  
(If different from County of Residence)

## PATIENT DEMOGRAPHICS & BACKGROUND INFORMATION

Race: 1. Asian 2. Black/African American 3. Indian/Native American (4) White/Caucasian 5. Other: \_\_\_\_\_

Religion: 1. Buddhist 2. Catholic 3. Hindu 4. Islamic 5. Jewish (6) Baptist 7. Methodist 8. Presbyterian  
9. Christian Scientist 11. Jehovah's Witness 12. Unknown 13. None 14. Other: \_\_\_\_\_

Marital Status: 1. Divorced 2. Married 3. Separated (4) Single 5. Unknown 6. Widowed

Name of Spouse: \_\_\_\_\_ Number of Dependents: 2  
(If applicable)

Household Composition: 1. Lives Alone 2. With Spouse 3. With Parents 4. With One Parent 5. With Children  
(Circle all that apply) 6. With Siblings 7. With Relatives 8. With Legal Guardian 9. Other: Boyfriend till recently

Residential Arrangements: (1) Private Residence 2. Other Independent Residence 3. Homeless 4. Institution  
(Circle all that apply) 5. Community Program 6. Correctional Facility 7. Other: \_\_\_\_\_

Education: (Circle highest level completed) 1 2 3 4 5 6 7 8 9 10 11 (12) 13 14 15 16 17 18 Other: \_\_\_\_\_

Veteran: \_\_\_\_\_ Presently Employed?: no Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Name of Father: JACKIE HENDRIX Name of Mother: PHYLLIS BUCHANAN  
(Maiden Name)

Place of Birth: MEMPHIS TN USA Language: ENG.  
City County State Country

## PATIENT'S CRIMINAL HISTORY

Legal Charges Pending: Yes ✓ No \_\_\_\_\_ Where? OLIVE BRANCH, DESOTO COUNTY

Describe: SIMPLE ASSAULT (misdemeanor)

Criminal History: NONE?



**CORRESPONDENT INFORMATION**Correspondent Name: PHYLLIS BUCHANAN Relationship to Patient: MOTHERAddress: [REDACTED] City State ZipPhone No: [REDACTED] Please state if Guardianship/Conservatorship: \_\_\_\_\_**PROBLEM APPRAISAL**

(Please check all that apply)

**PHYSICAL FUNCTION DISTURBANCES**

- ☐ SLEEP  
☐ EATING  
☐ ENURESIS/SOILING  
☒ SEIZURES/CONVULSIONS  
☒ EMOTIONAL  
☐ SPEECH ARTICULATION  
☐ OTHER PHYSICAL PROBLEMS

**INTELLECTUAL DEVELOPMENT**

- ☐ INADEQUATE

**SOCIAL RELATIONS DISTURBANCES**

- ☐ WITH CHILD  
☐ WITH MATE/SPOUSE  
☒ WITH OTHER FAMILY  
☒ WITH OTHER PEOPLE

**SOCIAL PERFORMANCE DISTURBANCES**

- ☒ JOB  
☐ SCHOOL  
☐ HOUSEKEEPING  
☐ BEHAVIORAL

**TYPE OF COMMITMENT**

- ☐ VOLUNTARY  
☒ COURT ORDER

**HANDICAPPING CONDITION**

- ☐ BLIND or ☐ VISUAL IMPAIRMENT  
☐ DEAF or ☐ HEARING IMPAIRMENT  
☐ NO SPEECH or ☐ SPEECH IMPAIRMENT  
☐ NONAMBULATORY  
☐ OTHER PHYSICAL CONDITION  
☐ LEARNING DISABILITY  
☐ MENTAL RETARDATION  
☐ OTHER MENTAL CONDITION

**OTHER SIGNS AND SYMPTOMS**

- ☐ SUICIDAL THREATS  
☐ SUICIDAL THOUGHTS  
☐ SUICIDAL GESTURES  
☒ ANXIETY/FEARS/PHOBIAS  
☐ STOP TAKING MEDICATIONS  
☐ MANAGEMENT PROBS AT HOME  
☐ OBSESSIONS/COMPULSIONS  
☐ DEPRESSED MOOD/INFERIORITY  
☐ SOMATIC CONCERNS  
☐ SOCIAL WITHDRAWAL/ISOLATION  
☐ DEPENDENCY/CLINGING  
☐ GRANDIOSITY  
☐ SUSPICION/PERSECUTION  
☐ HALLUCINATIONS  
☐ DELUSIONS  
☒ ANGER/BELLIGERENCE  
☐ NEGATIVISM  
☐ ASSAULTIVE THREATS  
☐ ASSAULTIVE ACTS  
☐ ALCOHOL ABUSE  
☐ NARCOTIC/OTHER DRUG ABUSE  
☐ SEXUAL PROBLEMS  
☐ ANTISOCIAL ATTITUDES/ACTS  
☒ AGITATION/HYPERACTIVITY  
☐ DISORIENTATION/IMPAIRED MEMORY  
☐ SPEECH DISORGANIZATION  
☐ SLOWED UP/LACK OF EMOTION  
☐ INAPPROPRIATE AFFECT/BEHAVIOR  
☐ INAPPROPRIATE APPEARANCE  
☐ DAILY ROUTINE/LEISURE TIME IMPAIRMENT  
☐ PSYCHOMOTOR RETARDATION  
☐ OTHER: \_\_\_\_\_

Observations made by: MOTHER PHYLLIS BUCHANAN Relationship to Patient: MOTHERSubstance Abuse: Drugs ? Alcohol ?

(Please state types of drugs/alcohol abused if known)

**PATIENT'S MEDICAL HISTORY**Current medications: BP MEDSAllergies: \_\_\_\_\_ Previous Surgery: NECK TUMOR REMOVED  
TUMOR REMOVED FROM BREASTPhysical Impairment: 1. Deafness/Severe Hearing Loss 2. Blindness/Severe Vision Loss 3. Nonambulatory  
(Please circle all that apply) 4. Ambulatory Only With Assist. Device 5. Unable to Communicate with Verbal Speech  
6. Traumatic Brain Injury 7. Major Medical Condition: \_\_\_\_\_  
8. Other Physical Condition: \_\_\_\_\_ 9. Unknown 10. Not ApplicableMental Impairment: 1. Learning Disability 2. Mental Retardation 3. Other Mental Condition: \_\_\_\_\_  
(Please circle all that apply)

## Current Physical Conditions:

## Acute Medical Conditions:

Diabetes: \_\_\_\_\_  
Hypertension: \_\_\_\_\_  
Emphysema: \_\_\_\_\_  
Venereal Disease: \_\_\_\_\_  
Heart Condition: \_\_\_\_\_  
Tuberculosis: \_\_\_\_\_  
Convulsions/Seizures: ✓  
Cancer: \_\_\_\_\_  
Contagious Disease: HIV -  
Other Chronic Illness \_\_\_\_\_  
(Please State)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Patient's Prior Treatment (Please circle all that apply, &amp; state name of facility and dates):

1. None
2. Unknown
3. MS State Hospital: \_\_\_\_\_
4. Other State Hospital: \_\_\_\_\_
5. Alcohol/Drug Treatment Center: \_\_\_\_\_
6. Community Mental Health Center: \_\_\_\_\_
7. Institution for Mentally Retarded: \_\_\_\_\_
8. Other Psychiatric Facility: \_\_\_\_\_
9. Other: \_\_\_\_\_

**PATIENT'S INSURANCE INFORMATION**

Medicare Number: _____	Medicaid Number: _____
Third Party Insur.: _____	Name of Insured: _____
Name of Employer: _____	Group Number: _____
Contract Number: _____	If veteran, amount of compensation: _____

**PATIENT INFORMATION, CONTINUED**

List of any medications received by the patient, and time administered:

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Any history of seizures, hypotension, hypoglycemia, or other conditions that increase the risk of falls:

SEIZURES

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Any other medical or physical condition that might increase the risk of falls that is not included on the pre-admission information:

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